



# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CALIFORNIA 90012

**MARK J. SALADINO**  
TREASURER AND TAX COLLECTOR

June 3, 2004

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The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

## **REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)**

### **IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10771593, in amount of \$4,336  
Account Number 10687248, in amount of \$4,506.07  
Account Number 10707105, in amount of \$14,545.98  
Account Number 10800944, in amount of \$4,882.90  
Account Number 10768995, in amount of \$8,070.73  
Account Number 10785359, in amount of \$3,563.81  
Account Number 10778403, in amount of \$4,910.34  
Account Number 10815143, in amount of \$27,496.34  
Account Number 10807733, in amount of \$977  
Account Number 10671198, in amount of \$11,195.55  
Account Number 10549216, in amount of \$4,000

### **JUSTIFICATION:**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

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BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

The Honorable Board of Supervisors  
June 3, 2004  
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**PURPOSE OF RECOMMENDED ACTION:**

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

**IMPLEMENTATION OF STRATEGIC PLAN GOALS:**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

**FISCAL IMPACT:**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO  
Treasurer and Tax Collector

MJS:SFJ:efh  
e:Comp.64

Attachments

c: Chief Administrative Officer  
County Counsel

APPROVED AS TO FORM

OFFICE OF THE COUNTY COUNSEL

By   
Principal Deputy County Counsel

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64A  
DATE: June 3, 2004

Amount of Aid	\$20,496.00	Account Number	10771593
Amount Paid	.00	Client	Adult Female
Balance Due	20,496.00	Service Date	12/20/02 to 02/24/03
Compromise Amount Offered	4,336.00	Facility	LAC USC Medical Ctr.
Amount to be Written Off	\$16,160.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. The client was treated at LAC USC Medical Center at a cost of \$20,496.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Los Angeles Health Care	3,140.00	664.00	4.42%
County of Los Angeles	20,496.00	4,336.00	28.92%
Net to Client	N/A	5,000.00	33.33%
<b>Total</b>	<b>\$28,636.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives support from relatives. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64B  
DATE: June 3, 2004

Amount of Aid	\$44,423.00	Account Number	10687248
Amount Paid	.00	Client	Adult Male
Balance Due	44,423.00	Service Date	05/20/02 to 08/13/02
Compromise Amount Offered	4,506.07	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$39,916.93	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at Harbor UCLA Medical Center at a cost of \$44,423.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$17,400.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,742.00	\$ 5,742.00	33.00%
Attorney Cost	1,569.50	669.50	3.85%
City of Long Beach Ambulance	567.75	61.37	.35%
St. Mary's Medical	9,177.50	917.37	5.28%
St. Mary's Radiology	18.00	1.80	.01%
St. Mary's Pathology	73.45	7.35	.04%
Greater Long Beach Ortho	261.00	26.10	.15%
Care Ambulance	567.75	56.78	.32%
County of Los Angeles	44,423.00	4,506.07	25.90%
Net to Client	N/A	5,411.66	31.10%
<b>Total</b>	<b>\$62,399.95</b>	<b>\$17,400.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client receives General Relief. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64C  
DATE: June 3, 2004

Amount of Aid	\$49,082.00	Account Number	10707105
Amount Paid	.00	Client	Adult Female
Balance Due	49,082.00	Service Date	06/10/02 to 06/24/02
Compromise Amount Offered	14,545.98	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$34,536.02	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in a pedestrian versus bus accident. The client was treated at Harbor UCLA Medical Center at a cost of \$49,082.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$45,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$14,545.98	\$14,545.98	32.32%
Attorney Cost	1,362.05	1,362.05	3.03%
County of Los Angeles	49,082.00	14,545.98	32.32%
Net to Client	N/A	14,545.99	32.33%
<b>Total</b>	<b>\$64,990.03</b>	<b>\$45,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is homeless. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64D  
DATE: June 3, 2004

Amount of Aid	\$254,850.00	Account Number	10800944
Amount Paid	.00	Client	Adult Female
Balance Due	254,850.00	Service Date	05/08/03 to 08/07/03
Compromise Amount Offered	4,882.90	Facility	LAC USC Medical Center
Amount to be Written Off	\$249,967.10	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in a pedestrian versus automobile accident. The client was treated at LAC USC Medical Center at a cost of \$254,850.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	15.45	15.45	.10%
Los Angeles Fire Department	610.00	11.69	.08%
Huntington Park	2,155.00	41.29	.28%
Health Plus Care	990.00	18.97	.13%
Ali A. Dini, M.D.	1,550.00	29.70	.20%
County of Los Angeles	254,850.00	4,882.90	32.55%
Net to Client	N/A	5,000.00	33.33%
<b>Total</b>	<b>\$265,170.45</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by relatives. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64E  
DATE: June 3, 2004

Amount of Aid	\$34,160.00	Account Number	10768995
Amount Paid	.00	Client	Adult Female
Balance Due	34,160.00	Service Date	08/10/03 to 10/01/03
Compromise Amount Offered	8,070.73	Facility	LAC USC Medical Center
Amount to be Written Off	\$26,089.27	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of \$34,160.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.34	\$ 8,333.34	33.33%
Attorney Cost	248.23	248.23	1.00%
City of Alhambra Fire Department	764.00	764.00	3.06%
County of Los Angeles	34,160.00	8,070.73	32.28%
Net to Client	N/A	7,583.70	30.33%
<b>Total</b>	<b>\$43,505.57</b>	<b>\$25,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is currently unemployed and receives support from her mother. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64F  
DATE: June 3, 2004

Amount of Aid	\$54,723.00	Account Number	10785359
Amount Paid	1,276.00	Client	Adult Female
Balance Due	53,447.00	Service Date	10/15/03 to 12/05/03
Compromise Amount Offered	3,563.81	Facility	LAC USC Medical Center
Amount to be Written Off	\$49,883.19	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of \$54,723.00. There is no Medi-Cal or private insurance involvement, however, the client made a personal payment of \$1,276.00.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	50.00	50.00	.33%
Ambulance	419.00	419.00	2.79%
Torrance Memorial Hospital	1,276.00	1,276.00	8.50%
County of Los Angeles	54,723.00	3,563.81	32.29%
Net to Client	N/A	4,691.19	22.76%
<b>Total</b>	<b>\$61,468.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives unemployment benefits. She has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64F  
DATE: June 3, 2004

Amount of Aid	\$54,723.00	Account Number	10785359
Amount Paid	1,276.00	Client	Adult Female
Balance Due	53,447.00	Service Date	10/15/03 to 12/05/03
Compromise Amount Offered	3,563.81	Facility	LAC USC Medical Center
Amount to be Written Off	\$49,883.19	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of \$54,723.00. There is no Medi-Cal or private insurance involvement, however, the client made a personal payment of \$1,276.00.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	50.00	50.00	.33%
Ambulance	419.00	419.00	2.79%
Torrance Memorial Hospital	1,276.00	1,276.00	8.50%
County of Los Angeles	54,723.00	3,563.81	32.29%
Net to Client	N/A	4,691.19	22.76%
<b>Total</b>	<b>\$61,468.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives unemployment benefits. She has no other income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64G  
DATE: June 3, 2004

Amount of Aid	\$18,246.00	Account Number	10778403
Amount Paid	.00	Client	Adult Male
Balance Due	18,246.00	Service Date	08/23/03 to 08/25/03
Compromise Amount Offered	4,910.34	Facility	LAC USC Medical Center
Amount to be Written Off	\$13,335.66	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of \$18,246.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 4,910.33	32.73%
Attorney Cost	268.99	268.99	1.79%
County of Los Angeles	18,246.00	4,910.34	32.74%
Net to Client	N/A	4,910.34	32.74%
<b>Total</b>	<b>\$23,514.99</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself and a three year old child with a marginal income. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64H  
DATE: June 3, 2004

Amount of Aid	\$68,727.00	Account Number	10815143
Amount Paid	.00	Client	Adult Female
Balance Due	68,727.00	Service Date	01/23/03 to 04/30/03
Compromise Amount Offered	27,496.34	Facility	MLK Drew Medical Center
Amount to be Written Off	\$41,230.66	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at Martin Luther King Drew Medical Center at a cost of \$68,727.00. Medi-Cal covered the ER Airlift charge.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 32,296.12	\$ 25,000.00	25.00%
Attorney Cost	3,111.66	.00	.00%
King Drew Medical Foundation	9,262.00	2,778.00	2.78%
California Department of Health Services	5,310.00	2,021.78	2.02%
County of Los Angeles	68,727.00	27,496.34	27.50%
Net to Client	N/A	42,703.88	42.70%
<b>Total</b>	<b>\$118,706.78</b>	<b>\$100,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is supported by her spouse with a marginal income. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64I  
DATE: June 3, 2004

Amount of Aid	\$10,576.00	Account Number	10807733
Amount Paid	.00	Client	Adult Female
Balance Due	10,576.00	Service Date	08/19/01 to 08/21/01
Compromise Amount Offered	977.00	Facility	MLK Drew Medical Center
Amount to be Written Off	\$ 9,599.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in a trip and fall accident. The client was treated at Martin Luther King Drew Medical Center at a cost of \$10,576.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$10,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,000.00	\$ 3,333.00	33.33%
Attorney Cost	1,456.08	1,868.58	18.69%
St. Joseph Medical Center	2,432.00	244.00	2.44%
LA Metropolitan Medical Center	21,809.95	1,988.00	19.88%
Dr. Harold Markowitz	1,051.00	124.00	1.24%
County of Los Angeles	10,576.00	977.00	9.77%
Net to Client	N/A	1,465.42	14.65%
<b>Total</b>	<b>\$41,325.03</b>	<b>\$10,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives support from relatives. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64J  
DATE: June 3, 2004

Amount of Aid	\$125,290.00	Account Number	10671198
Amount Paid	.00	Client	Adult Male
Balance Due	125,290.00	Service Date	10/13/01 to 12/27/01
Compromise Amount Offered	11,195.55	Facility	LAC USC Medical Center
Amount to be Written Off	\$114,094.45	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in a pedestrian versus automobile accident. The client was treated at LAC USC Medical Center at a cost of \$125,290.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$38,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 11,195.54	\$11,195.54	29.08%
Attorney Cost	4,913.36	4,913.36	12.76%
County of Los Angeles	125,290.00	11,195.55	29.08%
Net to Client	N/A	11,195.55	29.08%
<b>Total</b>	<b>\$141,398.90</b>	<b>\$38,500.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself and family with a marginal income. He has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64K  
DATE: June 3, 2004

Amount of Aid	\$19,564.00	Account Number	10549216
Amount Paid	.00	Client	Adult Female
Balance Due	19,564.00	Service Date	10/28/00 to 01/18/01
Compromise Amount Offered	4,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$15,564.00	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of \$19,564.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$4,000.00	26.66%
Attorney Cost	980.00	.00	.00%
American Medical Response	604.50	103.83	.69%
Emergency Ambulance	390.50	67.07	.45%
Kaiser	1,200.00	206.12	1.38%
Su Kim Lee M.D.	1,750.00	300.60	2.00%
Richard Tsai, M.D.	240.00	41.22	.28%
Allied Chiropractic	985.00	169.20	1.13%
Jimmy Wu/Excel	10,197.00	1,751.51	11.68%
County of Los Angeles	19,564.00	4,000.00	26.66%
Net to Client	N/A	4,360.45	29.07%
<b>Total</b>	<b>\$40,911.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source income or tangible assets.